

Account Number:

2135 S. Ammon Rd Ammon, ID 83406 Phone: 208-612-4000

Fax: 208-612-4009

## **COMMERCIAL UTILITY SERVICE APPLICATION**

		Service Loca	tion			
Address:						
Move in Date	):	Please provide Closing statement of	<sub>r lease.</sub> Square Foo	otage of Bui	ilding:	
Security Sys	tem Provider Nan	ne:	Phone:			
		Business Inforn	nation			
Name:	EIN#:					
Mailing Addre	ess:e address		City		State	ZIP Code
Phone:		Email Address:				
Billing Contact Name:			Phone:			
Manager Nam	ne:		Pho	one:		
~	<del></del>					
Owner Name	:	Business Ow				
Mailing Addr	ess:		City		State	ZIP
Mailing Addre	ess:s the business app s a sewer use surv es your business		City		State	ZIP
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\_Completed by: